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Betty Phenix
P.O. Box 982
Minden, NV 89423

GENERAL POWER OF ATTORNEY

I, BEULAH MAY RUST, of Minden, Nevada, Douglas County, Nevada, hereby appoint BETTY JANE PHENIX, of Minden, Nevada, as my attorney in fact, to act in my capacity to do every act that I may legally do through an attorney in fact, effective immediately, and continuing indefinitely until revoked. These powers will continue to exist notwithstanding my subsequent disability or incapacity. These powers granted include, without limitation:

a. To make deposits of funds to, and withdrawals of funds from, any and all checking accounts, savings accounts, certificates of deposit, stocks, bonds or other securities that are held in my name, either solely or jointly with other deposits.

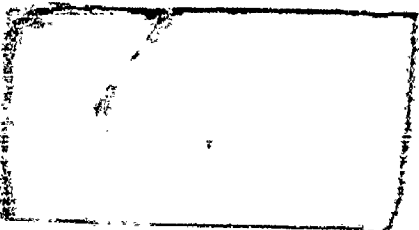
b. To obtain possession of the contents of any safe deposit box held in my name.

c. To execute, on my behalf, any inter vivo trust agreements or other documents that appear to be necessary or appropriate in relation to estate planning from my estate, and to execute all documents as may be necessary for the purpose of transferring assets into any such trust or other legal entity so created.

d. To execute and file federal and state income tax

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returns on my behalf, and to receive and act upon confidential information in relation thereto, and to endorse and deposit any tax refund checks that are payable to me, and to do all other things in relation to any such income tax returns that I could do if personally present.

e. To demand and receive all such sums of money and other items of property as are now or shall hereafter become owned by or payable to me and to use all lawful means necessary including litigation in my name or otherwise for the recovery and possession thereof and to compromise and agree for the same in my name.

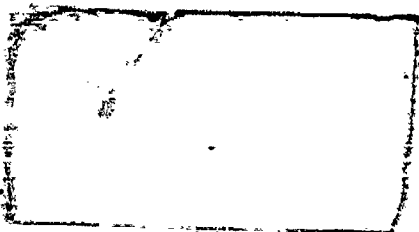
f. To purchase, sell, lease, mortgage, or otherwise deal with any or all of my property, both real and personal under such terms and conditions as said attorney in fact shall deem fit.

g. To transfer all and every kind of business of whatsoever nature and kind and to execute, deliver and receive such deeds, agreements, mortgages and such other instruments in writing or whatsoever nature and kind as may be necessary or proper.

h. To sign for or consent to any medical, dental or surgical treatment, including anesthesia that I may need and to authorize hospitalization or nursing home care or any other actions or services that are necessary or appropriate in relation to caring for my medical and personal needs. Also, to fill out

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and execute, on my behalf any claims forms that may be required in relation to Medicare claims or claims under hospitalization insurance policies or otherwise.

I hereby ratify and confirm all that my attorney in fact shall lawfully do or cause to be done by virtue of the Power Of Attorney.

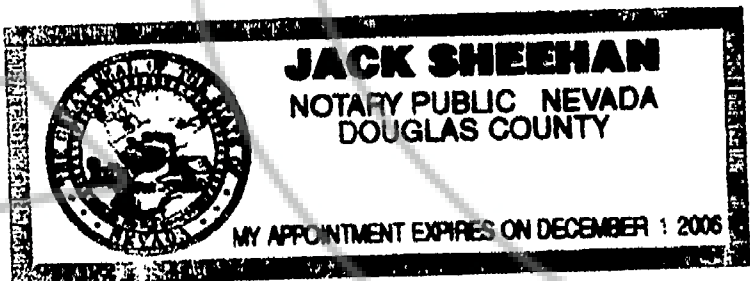
DATED: This 28 day of February, 2003.

Beulah May Rust
BEULAH MAY RUST

STATE OF NEVADA)
COUNTY OF DOUGLAS)

On Feb 28, 03, 2003, before me, a notary public, personally appeared BEULAH MAY RUST, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledges that she executed the instrument.

Jack Sheehan
Notary Public



REQUESTED BY
Beth Phoenix
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 MAR -5 AM 10: 07

WERNER CHRISTEN
RECORDER

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